

SUBSTITUTE TEACHER APPLICANT

1. Complete the **SUBSTITUTE TEACHER APPLICATION**.
2. Complete the **PERMISSION TO SHARE DOCUMENTATION** form.

Please return the above forms to:

Kassi Huotari

Business Manager

Bessemer Area School District

301 E. Sellar Street

Bessemer, MI 49911

Questions: 906-667-0802

ext. 402

Or e-mail

KHuotari@bessemer.k12.mi.us



Bessemer Area School District



Mr. Daniel Niemi, Superintendent
 Mr. Mark Switzer - Dean of Instruction/Counselor
 Miss Kassi Huotari - Business Manager/
 Transportation Supervisor

301 E. Sellar Street
 Bessemer, MI 49911
 (906) 667-0802
 FAX: (906) 667-0318

Mr. Daniel Niemi, Principal
 A.D. Johnston Jr./Sr. High School
 100 W. Lead Street, Bessemer, MI
 (906) 667-0413 FAX: (906) 667-0320

SUBSTITUTE TEACHING APPLICATION

NAME _____ TELEPHONE _____

ADDRESS _____ CITY _____

Level you wish to teach: (Check all appropriate areas.)

9-12 ___ 7-8 ___ 7-12 ___ K-3 ___ 4-6 ___ K-6 ___

Are you willing to teach half days? Yes ___ No ___

Do you possess a State of Michigan certificate? Yes ___ No ___

If "yes", which kind of certificate? Elementary ___ Secondary ___

Provisional ___ Permanent ___ Continuing ___

Have you ever taught full time before? Yes ___ No ___

If "yes", where: _____

School District

Building Name

Grade Level

Public or Private

Years of Teaching

Have you ever been convicted of Child Abuse? Yes ___ No ___

Have you ever been convicted of a Felony? Yes ___ No ___

Other information you wish us to know: _____

No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.



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PERMISSION TO SHARE DOCUMENTATION DIGITAL AND NON-DIGITAL

I give permission to share the following documents with any school district in which I am applying for employment:

_____ State of Michigan Criminal Records Check

_____ Federal Bureau of Investigation Criminal Records Check

_____ Previous Employer Conduct Information

Signature

Date

Printed Name

Request Information From or Send Information To:

